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MN011101. Beneficiaries advised to save receipts for TRICARE coverage not yet implemented
From the TRICARE Management Activity

WASHINGTON, March 27, 2001 -- Given the significant number of new TRICARE benefits and competing requirements in the 2001 National Defense Authorization Act (NDAA), many programs that Congress authorized as being effective immediately when the NDAA was signed into law on Oct. 30, 2000, will be phased in over the next six to twelve months.

Among these new programs that will be implemented over time are TRICARE coverage for school required physicals, reimbursement for certain travel expenses for TRICARE Prime beneficiaries, and reduction of retiree catastrophic caps.

In the meantime, TRICARE Management Activity (TMA) is advising

beneficiaries to save receipts (as well as explanations of benefits and other claims-related information) for these covered services and benefits obtained from Oct. 1, 2000, for application to the fiscal year catastrophic cap, and from Oct. 30, 2000, for the other benefits until program implementation so they can later obtain reimbursement from the managed care support contractors in their regions.

TMA will widely publish the date upon which beneficiaries may submit claims with the required receipts, and the managed care support contractors will adjudicate claims for dates of service retroactively to the effective date established by Congress.

The new benefit covering school physical examinations applies to all TRICARE-eligible beneficiaries ages five through 11. It does not cover physical examinations for sports activities.

TRICARE Prime beneficiaries referred to specialty care providers located more than 100 miles away from their primary care managers, will be reimbursed for their travel expenses, according to the provisions of the NDAA.

The existing catastrophic cap of \$7,500 will be reduced to \$3,000 for retirees, their family members and their survivors.

As soon as funding is secured for these initiatives, TMA officials will spread the word through all available communications channels.

The latest information about TRICARE benefits may be obtained through the Military Health System/TRICARE Web site at www.tricare.osd.mil. Beneficiaries may also contact the managed care support contractor in their region, the nearest TRICARE service center or TRICARE beneficiary counseling and assistance coordinators at a military treatment facility.

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MN011102. Bremerton hospital receives high marks from JCAHO
By Judith Robertson, Naval Hospital Bremerton

With a score of 98 points out of a hundred, Naval Hospital Bremerton has once again achieved accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a result of the weeklong survey conducted in December 2000.

To earn and maintain accreditation, hospitals and other healthcare facilities nationwide undergo an on-site survey by a JCAHO survey team at least every three years. Of all hospitals surveyed nationwide in 1999 (the most recent year for which statistics are available), the average score was 91. Only 6 percent scored 98 or better.

In a letter to the hospital Commanding Officer, CAPT Christine Hunter, MC, JCAHO Executive Vice President Russell P. Massaro, MD, wrote, "This accreditation status applies to all services offered by your organization that have been surveyed by the Joint Commission, including your hospital-based substance abuse treatment services. We congratulate you on your efforts to provide high quality care for those you serve."

The Joint Commission, founded in 1951, has the mission to continuously improve the safety and quality of care provided to the public through the provision of healthcare accreditation and related services that support performance improvement in health care organizations. Accreditation by the Joint Commission is recognized nationwide as a symbol of quality indicating that an organization meets certain performance standards.

"We are extremely proud of the results of the survey," Hunter said. "This level of recognition by the JCAHO is a significant achievement that would not have been possible without the dedicated efforts of our entire team -- military, civilian, contract and volunteer. Our patients can feel

comfortable that they are receiving excellent care when they choose Naval Hospital Bremerton. This survey result is a positive indication that we are on the correct path toward achieving our command vision of being 'the preferred choice in health services, wellness and medical readiness.'"

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MN011103. Local Guam family thanks hospital staff

By Susan M. Koerner, Pacific Navigator Staff

Smiles and tears mixed with island music and food during a fiesta at U.S. Naval Hospital Guam, recently as the Santos family said thank you to hospital staff.

A few days before Christmas last year, Jeff and Bing Santos faced a terrible tragedy. Their 14-year old son Zachery was transported to U.S. Naval Hospital Guam, after receiving numerous trauma injuries during a dirt bike accident. With both lungs collapsed, a neck injury, a blood clot between his brain and skull and massive skull fractures, doctors prepared the family for the worst.

"I thought he was gone," said LCDR Jeffery Lord, MC, head of general surgery. Lord, together with surgeons LCDR Pat Garner and LCDR Tim Graves, performed an operation to remove the blood clot.

"I called the neurosurgeon at Tripler (Army Medical Center in Hawaii) and we decided to give it a try," said Lord. "When you are in a location like this, a general surgeon by necessity is forced to become a trauma specialist and a neurosurgeon."

Zachery spent the next nine days in the intensive care ward of the hospital. He was in a coma for the first four days.

"On Christmas Eve, a visiting bishop came to the ward to confirm Zachery because he wasn't expected to make it. During Christmas Eve mass, the hospital called to tell me he woke up," said Lord.

After 13 days at the naval hospital, Zachery was transferred to Guam Memorial Hospital (GMH) since he was not a military dependent. After seven days at GMH, he was at home, being cared for with skilled nursing visits for another ten days. Both his family and doctors have called his recovery remarkable.

"He's 90 percent recovered and ten percent stubborn," his mother laughed. "He's a 'typical teenager' at home with his older brother J.P. and younger sister, Sissy."

Zachery said he's now back at school at Southern High, catching up on class work, hanging out with his friends, and feeling like "a normal kid."

All Zachery knows of his accident and stay in the hospital is from what others have told him. "I remember my school time right before the accident," he said. "I really don't remember being in the hospital."

Another hospital staff member, LCDR Bill Hctor had known Zachery prior to the accident and was on hand to celebrate as well. He had gotten to know Zachery while serving as teacher of his confirmation class at St. Francis Catholic Church.

"He was a good student, very polite and fun to have in class. Now he's back in class with us. It's just miraculous," Hctor said.

In his free time, Zachery says he plays video games. As for outdoor activities, he watches his friends on their skateboards since he's not allowed those activities yet.

"My mom says I have to wait until my head completely heals, like 10 years," he joked.

Zachery's father, Jeff added, "We are just really, really happy that the doctors and staff gave their full support to my son. GMH told us that with

his injuries, they wouldn't have touched him. We are so thankful for everything they did here."

Zachery's parents planned the fiesta to show their appreciation. "This is such a small gesture," Bing said. "We want to make it as special as possible for the hospital staff."

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MN011104. Pensacola hospital earns 'Pipeline Mover' award
By JO1 Maria Christina Mercado, Naval Hospital Pensacola

PENSACOLA, Fla. -- Naval Hospital Pensacola's Patient Administration Department was recently awarded its second consecutive Certified Pipeline Mover award for outstanding work in the case management of local active duty members who are on limited duty, in a medical holding company or involved in the physical evaluation board process.

The certificate was presented by the Navy's Enlisted Personnel Management Center's (EPMAC) Transient Monitoring Unit (TMU). The TMU is responsible for inspecting school commands, Personnel Support Detachments (PSD) and medical treatment facilities throughout the fleet to ensure Sailors' progress through the system in a timely and efficient manner.

LT William A. Suggs, III, Patient Administration department head, attributes the department's success to dedication and expertise possessed by the staff members who oversee the hospital's disability evaluation and medical holding company programs.

Earning a second consecutive award is a very rare achievement, says Lt. Suggs.

The team has been extremely efficient in processing personnel awaiting medical boards or on limited duty. Naval Hospital Pensacola's team gets personnel into and through the system and back to the fleet in a manner that enhances healthcare and minimizes processing time.

On average, the Limited Duty Coordinator is responsible for managing 80 personnel in various stages of the board-processing pipeline each month.

Liaison officers, who manage the physical evaluation boards, handle about 50 cases a month, according to Suggs. The department oversees cases throughout the Pensacola area and outlying branch medical clinics in Mississippi, Louisiana and Tennessee.

"Our goal is to achieve optimal and efficient tracking of members in the system to enhance continuity of care and military readiness," Suggs said.

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MN011105. Millington clinic earns 'Flagship' honors for 'Drug Free' programs
By IT1 Keary L. Ashmore, BRMEDCL (NSA) Mid-South

MILLINGTON, Tenn. -- The Chief of Naval Operations recently announced that Branch Medical Clinic Mid-South won the 2000 "Campaign Drug Free Flagship Award".

The Millington branch medical clinic was selected for a first place award (small shore category) for its work with 12 community service partners and monthly substance abuse prevention programs in both Arkansas and Tennessee.

RADM (Sel) Robert D. Hufstader, commanding officer of Naval Hospital Pensacola, parent command of the branch clinic, presented the award to FCCM Jay Delfoe, the clinic's Addiction Treatment Facility department head, at a special ceremony at the Millington clinic.

Sherri Akens, Southeast Community Manager in Jacksonville, Fla., had

forwarded regional winners to Commander Naval Reserve Forces in New Orleans. The command based its decisions on programs that demonstrated exemplary volunteer service in the area of a drug-free lifestyle in youth.

The Addiction Treatment Facility (ATF), along with other volunteers from the branch medical clinic, spent 120-plus hours to reach more than 3,000 youth during Alcohol Awareness Month (April), Red Ribbon Week (October), and other programs that contributed to drug prevention and education at the local school level. These programs provide youth with the life skills necessary to overcome and resist peer pressure.

U.S. Naval Hospital Roosevelt Roads, Puerto Rico, was an honorable mention winner in the medium overseas category for its efforts with military and non-military school children from kindergarten through high school. More than 3,000 students benefited from the program including volunteers who enhanced their own professionalism and leadership skills.

"Your participation and continued support of the Navy's Community Service programs are sincerely appreciated," said VADM Norb Ryan Jr., Chief of Naval Personnel. "Your hours of volunteer work reflect proudly on Navy core values."

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MN011106. TRICARE Question & Answer

Q: I am a Medicare-eligible military retiree. Are my Medicare-eligible family members and I automatically enrolled in this program, or do I have to do something, fill out any forms?

A: You need to take two actions to ensure that you and your family are eligible.

First, update your Defense Enrollment Eligibility Reporting System (DEERS) record to show any changes of address, family status such as marriage, divorce, birth or adoption. (Remember: Each family member's eligibility is independent and must be updated.) Home addresses are important because DEERS uses them to send out information on health benefits. Also, health benefits could be denied if DEERS is not updated to reflect new information. Retirees may update DEERS addresses:

- at local personnel offices that have a Uniformed Services I.D. card facility (call ahead for hours of operation and for instructions if you are updating a record for someone who is housebound),
- by calling the Defense Manpower Data Center Support Office (DSO) Telephone Center at 800-538-9552. The best time to call the Telephone Center is between 0900 - 1500 (Pacific Time) Wednesday through Friday to avoid delays,
- by faxing address changes to 831-655-8317,
- by mailing the change information to the DSO, ATTN: COA, 400 Gigling Road, Seaside, CA, 93955-6771,
- at a military treatment facility,
- by sending an e-mail to addrinfo@osd.pentagon.mil. Include the following information: Sponsor's name and Social Security Number, Name(s) of other family members affected by address change, Effective date of change of address information, Telephone number and area code (if available).

It is recommended that Internet users use all lowercase because some e-mail systems/gateways are case sensitive. This e-mail address is for sponsor and dependent home address updates only.

Other aspects of the DEERS record may be updated:

- at local personnel offices that have a Uniformed Services I.D.

- card facility,
- by faxing changes with appropriate documentation to 831-655-8317,
- by mailing the change information with copies of appropriate documentation (such as marriage or death certificates) to the DSO, ATTN: R&A, 400 Gigling Road, Seaside, CA, 93955-6771.

For additional questions regarding your DEERS record, call the DSO Telephone Center at 800-538-9552. The hours of operation are 0600 - 1530 (Pacific Time) Monday - Friday (excluding federal holidays).

Second, make sure that you and your Medicare-eligible family members are enrolled in Medicare Part B. If you are not sure of that, check your Medicare Card for that information. An estimated six percent of Military Health System Medicare-eligible people, or about 84,000 people, do not have Part B coverage. (Note: Sponsors or family members who have other health insurance, such as employer-sponsored health insurance, need to check if their coverage is for "self-only" or "self-family" and check with the Social Security Administration on Part B requirements.)

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MN011107. Healthwatch: Reducing Sports Injuries
By Jim Garamone, American Forces Press Service

WASHINGTON, March 27, 2001 -- Sports are a big part of the military culture, but service members have to be more careful when they play.

Sports and recreation participation are major causes of injuries in the armed forces, said Diana Settles, program manager for injury prevention and physical fitness for the Navy.

"DoD spends \$600 million to \$750 million per year to treat musculoskeletal injuries," said Settles, who also works on the DoD Injury Occupational Illness Prevention Committee.

While this statistic covers all musculoskeletal disabilities, a significant number are due to sports accidents, she said.

Settles said DoD is trying to get a better handle on the scope of the problem, but that's been hard because many sports injuries occur during off-duty hours.

The effects of these injuries are far-reaching. There is, of course, the pain service members suffer. But also, injuries affect the mission.

"During Desert Shield and Desert Storm, the Army reported its medical evacuations and hospitalizations were primarily sports and recreational activities," Settles said. These injured soldiers were unavailable for duty when the conflict started. Other soldiers had to take their places or their fellow soldiers had to do the job with fewer personnel.

The Air Force reports that basketball is the cause of most sports injuries. It is followed by softball, flag football, snow skiing and cycling.

Basketball provides a good example of what service members can use to avoid injuries, Settles said. "Basketball is very popular and service members play the sport year-round," she said. "Pick-up games are common and they are played indoors and outdoors." Pick-up games commonly do not have referees.

Settles said service members must consider internal and external "risk factors" when approaching recreation and sports activities. Internal factors include the shape the players are in and their physical anatomies.

Using basketball as an example, it is an aerobic sport involving a lot of running. There's a level of fitness people should meet before playing the game, Settles said.

The sport requires a lot of lateral movement. Players should warm-up and stretch for five to 10 minutes before taking the court. She said local morale, welfare and recreation specialists can advise service members what types of stretching are best for various sports.

Ignoring external factors can also cause accidents. In the case of basketball, such factors include the condition of the court and the proper use of players' equipment. Don't just pick up a basketball and start playing. Check out both indoor and outdoor courts to ensure they are dry and do not contain sharp or foreign objects. They should be properly lit. Make sure there is enough room behind the hoops players don't run into a wall or go up on a curb. Wear the correct shoes when playing hoops.

"Many times people are playing basketball in running shoes," Settles said. "There is little lateral ankle support in running shoes -- which predisposes the athlete to an ankle injury."

Sprains and knee injuries are the likely injuries that result from playing basketball. Every sport has internal and external risk factors, and service members who are aware of them can cut down on injuries.

DoD is trying to reach service members through their coaches, units and specialists in the recreation centers. "The service man or woman needs to understand the internal and external risks associated with their sports," Settles said. "This could be relayed to them via coaching staff, the MWR personnel, personal training personnel or the officials. I think the 'train the trainer' is important, but the individual service man or woman has to take control and understand what the risks are with their sports and work to minimize them."

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